NWT Health
and Social
Services System

Action Plan
2002-2005

Status Report

February - September 2002

Message From the Minister

105-00530/

I am pleased to report on implementation of the Health and Social Services System Action Plan since its release in February 2002. This report highlights activities of the Department and Authorities for each of the 45 action items.

The report also identifies actions completed and adjustments to timelines. Adjustments to completion dates were required for a number of reasons, including financial constraints, and the need to ensure appropriate consultation and involvement with stakeholders.

I welcome comments on these activities and look forward to providing the next status report in six months time (March 2003) following the first year anniversary of this action plan. I would be pleased to answer questions on our activities at any time.

J. Michael Miltenberger

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Introduction

In February 2002, the Minister of Health and Social Services released an action plan to reform and improve the NWT health and social services (HSS) system. This plan identifies 45 action items with specific deliverables and timelines for improvements in the following areas:

- **services to people** - actions to support people in taking care of themselves and improve support they receive from the HSS system;
- **support to staff** - actions to attract and retain the wide range of HSS professionals that are essential to the delivery of high quality services;
- **system-wide management** - actions to improve the organizational structure and management of the HSS system;
- **support to trustees** - actions to fully develop the leadership role and capacities of the Boards of Trustees for HSS Authorities; and
- **system-wide accountability** - actions to clarify and increase accountability of the HSS system to the public, and the Department and HSS Authorities to the Minister and with each other.

This status report highlights activities during the first seven months of implementing the action plan. Similar reports will be prepared at six-month intervals to document our progress. Reports will be posted to the Department's public website at www.hlthss.gov.nt.ca (see "HSS System Action Plan") to ensure public access to this information. Hard copies will also be distributed to key stakeholders and available to interested members of the public.

For more information on the *HSS System Action Plan* or to request a copy of this report, contact:

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Improving Services to People

Action	Deliverables	Timelines Original	Timelines Revised	Status
5.1.1 Publish a core services document and distribute it to all households in the NWT.	A published core services document.	Sept 2002	Jan 2003	The core services document will describe the set of publicly funded services provided by the HSS system.The document has been approved by the Joint Leadership Council and will be distributed to all NWT households in January with the self-care handbook.
5.1.2 All households in the NWT will receive a self-care handbook.	A self-care handbook published and distributed to all households in the NWT.	Nov 2002	Jan 2003	A draft handbook is nearing completion. Printed copies (16,000) will be received in December. Copies will be distributed to all NWT households in January at the same time as the core services document.
5.1.3 Establish a 1-800 family health and social supports call centre.	Call centre operational.	Dec 2002	Feb 2003	The Department and Authorities have identified operational requirements for a toll-free call centre. Discussions are underway on logistical considerations, including how the call centre will be accessed in smaller communities with limited telephone access. A request for proposals was issued and the contract will be awarded in early November. The call centre is expected to be operational in early February.
5.1.4 Evaluate our consumer's satisfaction with the health and social services system.	Annual consumer satisfaction report completed and reported to the public.	Jun 2003	Jun 2003	A preliminary analysis has been completed which outlines three possible options for reporting consumer satisfaction: · continue to participate in the Canadian Community Health Survey, conducted every two years - this survey is done at no cost to the GNWT and provides the NWT with information on consumer satisfaction based on a poll of 1,000 NWT residents; · poll NWT residents on consumer satisfaction via the NWT Labour Force Survey, conducted every five years - this survey is done at a cost to the NWT government but could include more specific questions on satisfaction and would poll more NWT residents than the Canadian survey; · customize a consumer satisfaction survey for the NWT - this option could provide us with an annual survey that offers more detailed information but the cost could be prohibitive. The Joint Senior Management Committee will be reviewing these options once a cost-benefit analysis has been completed in November.

Action	Deliverables	Timelines Original	Timelines Revised	Status
5.2.1 Formalize an integrated Health and Social Services Delivery Model for the NWT.	Service Delivery Model that details: · Primary secondary and tertiary services, · Referral patterns, · Speciality services, · Access to services, · Location of services, · Services providers, · Staffing mode, · Clarify role of NGOs in the system.	Sept 2002	Mar 2003	The overall model has been approved by the Joint Leadership Council. The full model will include sections on specific areas of service delivery (completion dates are in parentheses): · Continuing Care Services (draft completed); · Addictions and Mental Health Services (draft completed); · Protection Services (December 2002); · Promoting, Prevention and Screening (December 2002); · Diagnostic and Curative Services (February 2003); · Rehabilitation Services (February 2003). An important component of this work is an assessment of the staffing requirements, both in terms of type and number of professionals, for this model. A list of existing service providers and a draft of needed services will be completed by November. The draft model (including two sections on continuing care, addictions and mental health) will be reviewed in November.
5.2.2 Establish integration demonstration projects based on the Primary Health Care model.	At least three operational projects. Lessons learned from the projects incorporated into the service delivery and program integration models.	Oct 2002	Apr 2003	The Yellowknife, Dogrib and Inuvik Authorities each have projects to integrate primary services at the community level. These three projects are either underway (eg., Yellowknife) or in development (the Dogrib and Inuvik Authorities are hiring project coordinators at this time). Funding has been requested from Health Canada under the Primary Health Care Transition Fund to assist with transitional costs for the Dogrib and Inuvik projects.
5.2.3 Implement coordinated discharge planning throughout the system.	Coordinated discharge planning protocol implemented throughout the system.	Sept 2002	Dec 2002	The analysis will be completed by October. This analysis will include consideration of how the revised discharge protocol will be implemented throughout the health care system. The Joint Senior Management Committee will consider implementation approaches at their November meeting.

Action	Deliverables	Timelines Original	Timelines Revised	Status
5.2.4 Establish Collaborative Service Networks.	Collaborative Service Networks that support delivery and innovation in identified service delivery areas.	Sept 2002	Dec 2002	A framework for collaborative service networks will establish a common approach to sharing expertise and specialized services within the HSS system. An inventory of current service agreements and informal working arrangements within the HSS system has been prepared - this inventory is being used to identify key elements or features of the framework. An initial draft of the framework is being developed by a working group made up of Authority and Department staff. The Joint Senior Management Committee will review the draft framework in their November meeting.
5.2.5 Work with affected communities and industry to define and respond to the health and social impacts of development.	A five-year plan that supports and addresses health and social issues. This plan will identify potential project activities that will help alleviate targeted social issues.	Jun 2002	Mar 2003	A preliminary literature review has been conducted on development impacts in the NWT. This review, along with discussions with GNWT departments and the private sector, will serve as the basis for developing a five-year plan. The Mackenzie Delta Producers Group will be submitting their preliminary information package for construction of a natural gas pipeline. This information will serve as a base for planning by GNWT departments. A related initiative includes the implementation of seven community demonstration projects to assess the effectiveness of mitigation measures relating to current development activities. Five of the demonstration projects will involve working with impacted communities on preparing for development.

Improving Services to Staff

Action	Deliverables	Timelines Original	Timelines Revised	Status
6.1.1 Establish a comprehensive Human Resource Plan.	A comprehensive human resource plan resulting from a review of the current human resources practices.	Jun 2003	Jun 2003	The Joint Leadership Council and Joint Senior Management Committee have approved the Terms of Reference for the project. Work will include current human resource initiatives, reviews and best practices, and will involve professional associations and other key stakeholders. The human resource plan will include the following elements: · a description of the main occupations that are (and will be) required to provide the services described in the integrated service delivery model (5.2.1); · a career progression model to clearly demonstrate entry options for recruitment purposes, entry level requirements and skill development/experience required for career progression; · a standardized orientation program for new staff; · a staff recruitment plan to provide overall guidance for staff recruitment as well as specific approaches for recruiting key occupations; and · a staff development and retention plan to provide guidance in the areas of: (i) in-service competency-based programs for specialized occupations; (ii) an established approach for mentoring staff in all service occupations; (iii) succession planning; (iv) early response planning for critical staffing shortages. A recently developed *Recruitment and Retention Options Paper* has been developed. This paper highlights proposed enhancements that could be implemented in the near future to complement our current efforts to attract and retain staff. This paper recognizes the value of the Aurora College programs in producing Northern nurses and social workers for the NWT workforce, but it identifies the need to consider other critical factors in addressing our immediate shortages, including: · augmenting professional development opportunities and supports; · evaluating the mix of nursing staff in our facilities to ensure maximum benefit in drawing on skills and expertise; · evaluating the job descriptions for the range of nursing positions to ensure compensation matches skills and expertise; · strengthening our ability to keep Northern students in NWT positions through service agreements and remissible student loans; and · improving our ability to hire Northern students and southern recruits through more streamlined human resource processes.

Action	Deliverables	Timelines Original	Timelines Revised	Status
6.1.2 Implement a competency-based model for recruiting, training, and supporting staff.	A competency based model to support the recruitment, development and evaluation of front-line staff will ensure a consistent level of service delivery across the north.	Jan 2004	Jan 2004	Corporate Human Resource Services (Department of the Executive) is developing competency modules for management and human resource positions. The Department will work with Corporate Human Resource Services to develop competencies specific to health and social services professions.
6.1.3 All new staff will receive a standardized orientation to the NWT Health and Social Service System and cross-cultural training that reflects the character of the NWT and the region in which they are employed.	All new staff will receive an orientation to their work and community.	Sept 2002	Dec 2002	A standardized orientation package for HSS employees was approved by the Joint Senior Management Committee. Orientation resources will be finalized and distributed to all HSS employees by December. An internal website (accessible by HSS employees) will have an employee orientation section to house these resources and provide links to additional online resources available from HSS and the GNWT. This website will be operational by December. These resources will be used by the Department and all Authorities in providing a standardized orientation to new employees. The resources have been designed to permit the Department and each Authority the ability to add additional information specific to their organization. A related activity is the development of a standard orientation manual for NWT physicians to assist both full-time and locum physicians in their orientation to practice in the NWT. A draft manual will be reviewed by the Joint Senior Management Committee in November.
6.1.4 Establish coordinated Professional Development activities for all system staff.	An Integrated Employee Development Program that · Consolidates funding, · Catalogues programs, · Includes a human resource development plan for all employees.	Jun 2002	Jun 2003	A calendar of professional development opportunities has been prepared and provided to all Authorities. This calendar will be posted on the internal website (accessible by HSS employees) in December when the employee orientation site is online. Professional development programs offered by the Department have been consolidated and are coordinated by a single unit within the Human Resource Division. A recently developed *Recruitment and Retention Options Paper* has been developed. This paper recognizes the high value that frontline workers place on professional development as it proposes additional funds be made available to frontline workers to support professional development activities. The paper also proposes links to health facilities/employers in other jurisdictions to permit employee exchanges for professional development.

Action	Deliverables	Timelines Original	Timelines Revised	Status
6.1.5 Implement succession planning to ensure that all staff have access to career advancement opportunities in coordination with other Departments.	Succession planning model developed and implemented.	Mar 2003	Mar 2003	Corporate Human Resource Services (Department of the Executive) is responsible for establishing government-wide parameters and activities for succession planning. This initiative will ensure all GNWT staff have access to career advancement opportunities. Corporate Human Resource Services has developed a template for succession planning for management positions. The Department and Authorities will use this template to develop succession plans specific to health and social services professionals.
6.1.6 Expand mentorship programs to include all health and social services system staff.	A mentorship program that includes all health and social services system employees.	Mar 2003	Mar 2003	The Department has had a nurse mentorship program in place since 1997. A mentorship program for social workers has been developed and will be reviewed by the Joint Senior Management Committee in November. Mentorship opportunities are also being considered for other hard-to-recruit HSS professions. The Department, Financial Management Board Secretariat and Unions will work on appropriate methods of implementation for these professions.
6.1.7 Implement a relief pool of professional health and social services employees.	Staff relief pool for selected occupational categories. ✓ **action completed**	Sept 2002	Sept 2002	A centralized relief pool (accessible by all Authorities) has been established to include nurses, social workers and other health and social services personnel. At this time, the relief pool has 17 nurses and interest from individuals to do social work (2), physiotherapy (2) and X-ray (2) relief. Due to the nature of the work and employment arrangements, these numbers can change quickly. A separate relief pool has also been arranged for physicians. The Department has a partnership with Alberta to access their Rural Physician Action Plan relief pool for locum work in the NWT.
6.1.8 A common human resource tracking and information system will be implemented.	GNWT - HRIS operational in all regions.	Apr 2003	Apr 2003	The Department and Authorities are examining the HSS system's requirements for human resource tracking and information management. The Department and Financial Management Board Secretariat has assessed implementation and financial considerations for converting all Authorities to the current GNWT human resource information system. Further review of options will continue over the next six months.
6.2.1 Unify all staff under a single employer.	All Hay River, Lutselk'e, and Fort Resolution staff will be GNWT employees.	Mar 2003	Mar 2003	Staff of Lutselk'e and Fort Resolution are GNWT employees with the Yellowknife Health and Social Services Authority. A proposal is being developed to amend the *Hospital Insurance and Health and Social Services Administration Act* and *Public Service Act* to exempt employees of the Hay River Community Health Board from the GNWT public service but allow the organization to be a Board of Management. The legislative proposal will be considered during the February 2003 session of the Legislative Assembly.

Action	Deliverables	Timelines Original	Timelines Revised	Status
6.2.2 Implement a single credentialing process for physicians.	A single credentialing process in place and operational for physicians.	Jul 2002	Nov 2002	A single physician credentialing committee has been established. With this in place, all Authorities have access to a single committee to review credentials of all physicians who wish to practice in the NWT. The Joint Senior Management Committee will be reviewing this new credentialing process, including implementation activities, at their November meeting.
6.2.3 Establish an expedited transfer process within the health and social services system.	System-wide coordination and articulation of current GNWT guidelines and policy that allows for an expedited transfer process.	Mar 2002	Feb 2003	The GNWT has an existing transfer policy that applies to all GNWT employees, including Department and Authority staff. The Department will work with Corporate Human Resource Services (Department of the Executive) to streamline this process within the HSS system.
6.2.4 Ensure a safe workplace. and 6.2.5 Increase community acceptance and support of workers.	Agreement in place with communities to ensure workplace safety for all workers. Agreements in place with communities to assist the integration of new employees into the community.	Jun 2002 Sept 2002	Mar 2003 Mar 2003	The NWT Association of Communities passed a resolution to work with communities on safety for health and social services staff in all communities. The Department and Authorities are developing a sample agreement that would be used by Authorities to formalize community support and orientation for frontline workers from community governments (eg., municipalities and band councils). A sample agreement will be reviewed by the Joint Senior Management Committee in November. Once the draft is approved, each Authority will meet with their respective communities to discuss the agreement and identify opportunities for the community to provide support and orientation to frontline staff.
6.2.6 Review and enhance the marketing strategy to include recruitment of all health and social services staff.	Implement a revised and expanded marketing strategy that will include all health and social services staff. **ongoing**	Oct 2002	Oct 2002	Current recruitment efforts by the Department and Authorities include participation in job fairs, web marketing, ad placements, etc. These efforts are geared to finding individuals who are interested in full time and part time employment opportunities as well as relief work. A *Recruitment and Retention Options Paper* has been developed. This paper highlights proposed enhancements that could be implemented in the near future to complement our current efforts to attract and retain staff. This paper recognizes the high value that frontline workers place on professional development as it proposes additional funds be made available to frontline workers to support professional development activities. The paper also proposes links to health facilities/employers in other jurisdictions to permit employee exchanges for professional development.

Improving System-Wide Management

Action	Deliverables	Timelines Original	Timelines Revised	Status
7.1.1 Establish the Joint Leadership Council (JLC) as the stewards of the health and social services system.	Terms of Reference ratified by the JLC. ✓ **action completed**	Feb 2002	Feb 2002	Terms of Reference for the Joint Leadership Council were ratified. The Council has been meeting quarterly (in person) and monthly (by teleconference).
7.1.2 Establish the Joint Senior Management Committee (JSMC) as a forum for the collaboration and direction setting for system-wide operations.	Terms of Reference ratified by the JLC. ✓ **action completed**	Mar 2002	Mar 2002	Terms of Reference for the Joint Senior Management Committee were ratified. The Committee has been meeting quarterly (in person) and monthly (by teleconference) as required.
7.1.3 Clarify roles and responsibilities in the health and social services system and reflect these in revised Agreements between the Department and the Authorities.	Clarify roles and responsibilities, and reflect these clearly in the Memoranda of Understanding with Authorities.	Feb 2003	Jun 2003	The Joint Senior Management Committee has reviewed a draft document outlining roles and responsibilities of the Department and Authorities. This document will be finalized once other related work has been completed, including the core services document (5.1.1), the integrated service delivery model (5.2.1) and the framework for a collaborative services network (5.2.4). Memoranda of Understanding (MOUs) between the Department and Authorities will then be revised to reflect these updated roles and responsibilities.
7.1.4 Realign the organizational structure and business operations of the Authorities and the Department in order to increase clarity of roles and responsibilities.	A system-wide detailed organizational structure that reflects roles and responsibilities.	Mar 2002	Jun 2003	The Department's organizational structure has been changed to more closely align business operations with its mandated roles and responsibilities. Authorities will review their structures and business operations once work in the following areas has been completed: roles and responsibilities (7.1.3), core services (5.1.1), integrated service delivery model (5.2.1) and the framework for a collaborative services network (5.2.4).
	Completion of reorganization.	Sept 2003	Sept 2003	

Action	Deliverables	Timelines Original	Timelines Revised	Status
7.1.5 The organizational structures that deliver health and social services programs and services will be referred to as Authorities.	Change the name of the Boards to Authority to reflect the current organization structure, role and responsibility.	Feb 2002	Jul 2003	Regulations changing the names of the Yellowknife and Fort Smith Authorities came into effect April 1, 2002, while regulations changing the names of the Deh Cho, Inuvik, Stanton Authorities came into effect June 1, 2002. Two boards have not yet changed their names: · the Dogrib Community Services Board will be changing its name to the Tli Cho Community Services Agency - this name change will occur once the new agency is established under self-government legislation; and · the Hay River Community Health Board will be changing its name once amendments to the *Hospital Insurance and Health and Social Services Administration Act* are made - these changes are necessary to permit the establishment of an Authority which has non-Public Service employees under this Act.
7.1.6 Realign Authority boundaries.	· Establish Sahtu Authority · Dissolve Deninu Kue and Lutselk'e · Establish alternate arrangement for the participation of Deninu Kue and Lutselk'e communities in directing health and social services in their communities	Apr 2003	Apr 2003	The communities of Lutselk'e and Fort Resolution are now provided services as part of the Yellowknife Health and Social Services Authority. There is an agreed upon Terms of Reference for the creation of a Sahtu Health and Social Services Authority. The Steering Committee for this initiative has met and has agreed to the work plan for this project.

Action	Deliverables	Timelines Original	Timelines Revised	Status
7.1.7 Establish forums for joint planning of interdepartmental initiatives.	Report on Lessons Learned with the intent of improving collaboration across departments.	Mar 2003	Mar 2003	Ministers and Deputy Ministers for Social Envelope Department hold regular meetings to share information and improve inter-department coordination of programs and initiatives. In addition, there are numerous forums for joint planning on inter-departmental initiatives, including: · the *Seniors Action Plan 2002-2003* (Executive, HSS, ECE, MACA, NWT Housing Corporation, NWT Seniors Society); · the *GNWT's Response to the Social Agenda* (Executive, Finance, FMBS, HSS, ECE, Justice, MACA, NWT Housing Corporation); · the territorial *Action on Tobacco* (Finance, HSS, ECE, MACA, Workers Compensation Board); and · the *Early Childhood Development Initiative* (HSS, ECE). Committees for each of these initiatives have been established with representation from the noted departments and agencies. These committees also work with other stakeholders, including key non-government organizations and service providers. The Department will work with these committees to determine how inter-departmental collaboration can be improved for these initiatives specifically, and provide a general summary report on lessons learned.
7.1.8 All strategies and framework documents will demonstrate linkages and directly support the strategic plan.	Demonstrate linkage and finalize all outstanding strategy documents. ✓ **ongoing**	Feb 2002	Feb 2002	The Department and Authorities use the strategic plan, *Shaping Our Future*, in setting direction for all HSS initiatives. Linkages between HSS and GNWT initiatives are identified within the various planning documents prepared for these initiatives (eg., *Seniors Action Plan*, *Action on Tobacco*, *GNWT Response to the Social Agenda*). Other work, including an integrated service delivery model (5.2.1), human resource plan (6.1.1) and information management plan (7.2.5), will also be developed within the directions stated in the strategic plan.
7.2.1 Implement a system-wide planning and reporting model.	Comprehensive strategic, business, operational and capital planning mode.	May 2002	Mar 2003	The GNWT identifies specific tasks, timeframes and reporting requirements for all departments to prepare three-year business plans. Preparation of the business plan for the HSS system requires effective and meaningful consultation between the Department and all seven Authorities. A draft model has been prepared outlining how these agencies will participate in the development of business plans. This model also ties in operational and capital planning tasks that are separate but related activities. The draft model has been revised to reflect feedback from the Joint Senior Management Committee and will be forwarded to the Joint Leadership Council (with accompanying planning charts) for final approval in November. The model will be implemented within the 2004-2007 business planning cycle.

Action	Deliverables	Timelines Original	Timelines Revised	Status
7.2.2 Design and implement a revised funding model.	A defined funding allocation model for all Authorities.	Apr 2003	Apr 2003	The integrated service delivery model (5.2.1) will define levels of service across the HSS system. This delivery model will then be used as the basis for determining how funds will be allocated to Authorities. A working group of Department and Authority staff has initiated work in light of the draft integrated services delivery model.
	Implement funding allocation model.	Apr 2004	Apr 2004	
7.2.3 Implement a standard financial accounting system.	A standard financial system implemented across all HSS Authorities.	Apr 2003	Apr 2004	The Department, in consultation with Authorities, conducted a needs assessment. This assessment will be completed in October. A funding proposal for full implementation will be prepared for consideration as a part of the capital planning process for 2004.
7.2.4 Implement a system-wide approach to fiscal accountability.	Fiscal accountability structure that will have the ability to take a system-wide approach to deficit reduction, forced growth and spending on service enhancements will enhance the sustainability of the system.	Apr 2003	Apr 2003	Improved system-wide accountability includes financial accountability. For this reason, this action item is linked to project work for action item 9.1 (a detailed accountability framework).
7.2.5 Implement an information management plan.	Coordinated systems and quality management information.	Jul 2003	Jul 2003	A draft blueprint for HSS information management will go to the Joint Senior Management Committee in November. Included in this management plan are improvements to key information systems used throughout the HSS system: ·Children and Family Information System (new version January 2003 startup); ·Public Health Information System (February 2003 startup); ·Community Health Information System (November 2003 startup); ·Vital Statistics System (April 2004 startup); ·Northern Health Information Management System (April 2004 startup); ·Medical Travel System (implementation date to be determined); and ·Patient and Hospital Scheduling System (implementation date to be determined). The blueprint will be finalized before July 2003. Work is underway to implement each of the above-mentioned initiatives according to the identified timelines.

Action	Deliverables	Timelines Original	Timelines Revised	Status
7.3.1 Legislative amendments and new legislation required.	New and amended legislation; · *Health and Social Services Disciplines Act* · *New Nursing Profession Act* · *Hospital Insurance and Medical Care Act* · *Hospital Insurance and Health and Social Services Administration Act* · *Child and Family Services Act* · *Agreement on Internal Trade Amendments Bill* · *Discussion Paper* · *Public Health Act* · *Health Information Act*	Jun 2003	Jun 2003	*Health and Social Services Disciplines Act* A discussion paper on health disciplines legislation was completed July 1, 2002, and circulated for comment to Authorities and professional associations. A proposal will be completed in November. Related work includes amendments to health and social services professional legislation stemming from the Agreement on Internal Trade. These amendments will promote interjurisdictional mobility of professionals. *Nursing Profession Act* Drafting of the bill has started. The bill is expected to be introduced in the February/March 2003 session of the Legislative Assembly. *Hospital Insurance and Medical Care Act* A discussion paper on this new Act has been drafted for preliminary internal review. This discussion paper will be circulated to stakeholders for comment. A proposal will be completed in December. *Hospital Insurance and Health and Social Services Administration Act* A proposal will be developed to amend this Act in order to allow the creation of the Hay River Health and Social Services Authority under this Act. This proposal will be completed in November. *Child and Family Services Act* Amendments to this Act are expected to go to the Legislative Assembly in November. A proposal will be prepared to address further issues raised in preparing these amendments, including service delivery to incapacitated youth and timelines for referring a child protection matter to court. *Public Health Act* Preliminary research has begun. A discussion paper is targeted for release in June 2003. *Health Information Act* Preliminary research has begun. A discussion paper is targeted for release in June 2003.

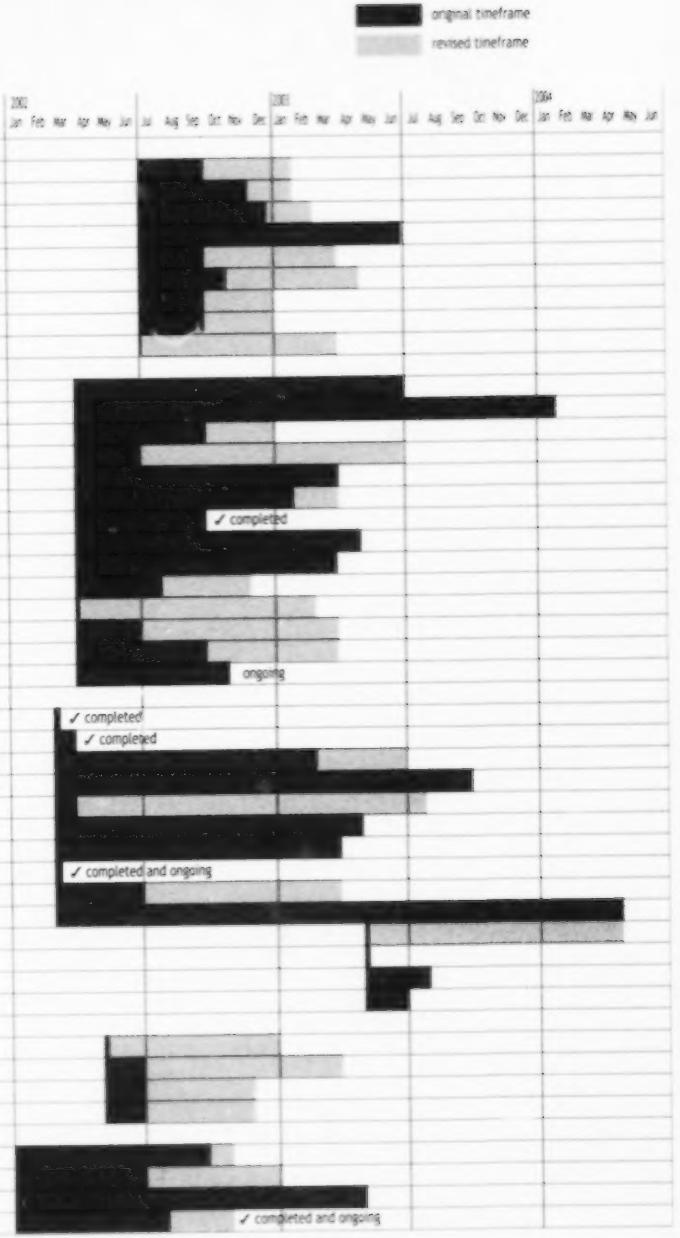
Improving Support to Trustees

Action	Deliverables	Timelines		Status
		Original	Revised	
8.1 Implement a NWT model of health and social services Authority leadership that reflects NWT priorities, roles and accountabilities.	Leadership model implemented and published.	Sept 2002	Dec 2002	A working group, comprised of representatives from the Authorities and Department, has reviewed a draft model. This model will be forwarded to the Joint Leadership Council for approval in November.
8.2 Implement a standardized process to call for nominees, evaluate nominations and appoint trustees.	All new trustees appointed following guideline.	Jun 2002	Mar 2003	A working group, comprised of representatives from the Authorities and Department, has provided feedback on a draft paper on the nomination process. The draft paper will be revised and presented to the Joint Senior Management Committee in November. The Department is currently assessing the potential for legislative changes in order to implement a standardized nomination process. Should this be the case, timelines for implementing a standardized process would need to consider activities and timelines for legislative changes to be implemented.
8.3 Implement an orientation-training program that will be provided to all new trustees. and	Orientation manual and materials published and training schedule approved.	Jun 2002	Nov 2002	A working group, comprised of representatives from the Authorities and Department, is reviewing both orientation and training requirements for HSS trustees, as these requirements are complementary activities for trustee development. Twelve (12) of the 13 modules in the orientation/training manual have been completed, and trustee training workshops for the completed modules are currently underway. The final module will be completed in November.
8.4 Implement a training program for all trustees as requested and on a regular schedule.	Training Manual published and training delivered.	Jun 2002	Nov 2002	

Improving System-Wide Accountability

Action	Deliverables	Timelines Original	Timelines Revised	Status
9.1 Design and implement an accountability framework that details the expectation for monitoring and reporting at all levels across the system.	A detailed accountability framework for all program components of the system focussing on outcomes.	Sept 2002	Oct 2002	The Joint Leadership Council is scheduled to review the draft accountability framework.
9.2 Introduce a system-wide performance measurement and reporting system.	A comprehensive plan for monitoring and reporting on system performance that focuses on program performance and includes: · Publication of annual reports on health status of NWT residents, · Annual reporting on measures of broad health and wellbeing.	Jun 2002	Dec 2002	A draft plan will be reviewed by the Joint Senior Management Council at their November meeting.
9.3 Develop and implement the capacity for program evaluation throughout our system with emphasis on collaborative practice.	Monitoring and evaluation frameworks in place for all new initiatives and programs.	Apr 2003	Apr 2003	A discussion paper will be presented to the Joint Senior Management Committee at their November meeting. Implementation will include program reviews and operational reviews of Authorities.
9.4 Reporting on the implementation of the Action Plan.	Published status reports. ✓ **ongoing**	Jul 2002	Oct 2002	Communications requirements have been identified and approved. Communications activities include the preparation of status reports every six months, interim communications with key stakeholders on project-specific progress and public announcements signaling achievements.

Appendix I
TIMELINES AND PROGRESS



Improved Services to People	
Action 5.1.1	Publish a core service document and distribute it to all households in the NWT.
Action 5.1.2	All households in the NWT will receive a self-care handbook.
Action 5.1.3	Establish a 1-800 family health and social supports call centre.
Action 5.1.4	Evaluate our consumer's satisfaction with the health and social services system.
Action 5.2.1	Formalize an integrated Health and Social Services Delivery Model for the NWT.
Action 5.2.2	Establish integration demonstration projects based on the Primary Health Care model.
Action 5.2.3	Implement coordinated discharge planning throughout the system.
Action 5.2.4	Establish Collaborative Service Networks.
Action 5.2.5	Work with affected communities and industry to define and respond to the health and social impacts of development.
Improved Supports to Staff	
Action 6.1.1	Establish a comprehensive Human Resource Plan.
Action 6.1.2	Implement a competency-based model for recruiting, training, and supporting staff.
Action 6.1.3	All new staff will receive a standardized orientation to the NWT HSS system and cross-cultural training that reflects the character of the NWT region in which employed.
Action 6.1.4	Establish coordinated Professional Development activities for all system staff.
Action 6.1.5	Implement succession planning to ensure that all staff have access to career advancement opportunities in coordination with other Departments.
Action 6.1.6	Expand mentorship programs to include all health and social services system staff.
Action 6.1.7	Implement a relief pool of professional health and social services employees.
Action 6.1.8	A common human resource tracking and information system will be implemented.
Action 6.2.1	Unify all staff under a single employer.
Action 6.2.2	Implement a single credentialing process for physicians.
Action 6.2.3	Establish an expedited transfer process within the health and social services system.
Action 6.2.4	Ensure a safe workplace.
Action 6.2.5	Increase community acceptance and support of workers.
Action 6.2.6	Review and enhance the marketing strategy to include recruitment of all health and social services staff.
Improved System-Wide Management	
Action 7.1.1	Establish the Joint Leadership Council (JLC) as the stewards of the health and social services system.
Action 7.1.2	Establish the Joint Senior Management Committee (JSMC) as a forum for the collaboration and direction setting for system-wide operations.
Action 7.1.3	Clarify roles and responsibilities in the Health and Social Services system and reflect these in revised Agreements between the Department and the Authorities.
Action 7.1.4	Realign the organizational structure and business operations of the Authorities and the Department in order to increase clarity of roles and responsibilities.
Action 7.1.5	The organizational structures that deliver HSS programs and services will be referred to as Authorities to distinguish them from boards of trustees.
Action 7.1.6	Realign authority boundaries.
Action 7.1.7	Establish forums for joint planning of interdepartmental initiatives.
Action 7.1.8	All strategies and framework documents will demonstrate linkages and directly support the strategic plan.
Action 7.2.1	Implement a system-wide planning and reporting model.
Action 7.2.2	Design and implement a revised funding model.
Action 7.2.3	Implement a standard financial accounting system.
Action 7.2.4	Implement a system-wide approach to fiscal accountability.
Action 7.2.5	Implement an information management plan.
Action 7.3.1	Legislative amendments and new legislation required.
Improved Support to Trustees	
Action 8.1	Implement a NWT model of health and social services Authority leadership that reflects NWT priorities, roles and accountabilities.
Action 8.2	Implement a standardized process to call for nominees, evaluate nominations and appoint trustees.
Action 8.3	Implement an orientation-training program that will be provided to all new trustees.
Action 8.4	Implement a training program for all trustees as requested and on a regular schedule.
Improved System-Wide Accountability	
Action 9.1	Design and implement an accountability framework that details the expectation for monitoring and reporting at all levels across the system.
Action 9.2	Introduce a system-wide performance measurement and reporting system.
Action 9.3	Develop and implement capacity for program evaluation throughout our system with emphasis on collaborative practice.
Action 9.4	Reporting on the implementation of the Action Plan.